

## **DEFINITIONS OF MEDICAID CATEGORIES OF SERVICE**

<b>Aging Waiver</b>	The aging waiver allows state Medicaid agencies to cover services not otherwise available under Medicaid to individuals 65 and over, who would be in an institution without these services. This allows these older adults to retain some level of independence and a greater quality of life by enabling them to remain in their own homes.
<b>Ambulatory Surgical</b>	Surgery on an ambulatory basis is provided.
<b>CMS</b>	Centers for Medicare & Medicaid Services, a program within the Federal Department of Health and Human Services. They are the primary manager of the Medicaid and Medicare Programs.
<b>Case Management Fees</b>	Payments made to local health departments for case management services.
<b>Child Health Evaluation and Care (CHEC/EPSDT)</b>	Screening, diagnostic, health care, treatment, and other measures to correct and/or ameliorate any defects and chronic conditions discovered in recipients under age 21. This is Utah's version of the federally mandated Early and Periodic Screening, Diagnosis, and Treatment program.
<b>Chiropractic Services</b>	Services which involve manipulation of the spine that a chiropractor is legally authorized to perform under state law.
<b>Clawback</b>	This is the state dollars that the state would have spent on the dual eligible pharmacy benefit had Part D not been enacted. Every month beginning on January 1, 2005, State Medicaid Programs are required to send this amount (about \$1.8 million for Utah) to CMS for their "maintenance of effort" for Part D.
<b>Contracted Mental Health Services</b>	Mental health services provided to children in foster care and under the authority of Division of Family Services/Division of Youth Corrections Services (DFS/DYC) are eligible for reimbursement effective 7/1/93. These services must be provided by a provider under contract with DFS/DYC. DFS and DYC will provide the state match for these services.
<b>Dental Services</b>	Diagnostic, preventative, or corrective procedures provided by a dentist in the practice of his/her profession.
<b>Dual Eligibility</b>	When a recipient is enrolled in Medicare and in Medicaid, he is a dual eligible. He has "dual eligibility" because he is eligible in both programs. Creation of Medicaid Part D will increase the number of those dual eligible and, consequently, increase State and Federal expenses.

<b>Early Intervention</b>	Diagnostic and treatment services to prevent further disability and improve the functioning of infants and toddlers (up to age four) with disabilities. The program is administered by Family Health Services which contracts with providers consisting of multi-disciplinary teams of health care professionals who work with the family to evaluate and coordinate services to ensure that the needs of the child are met.
<b>Group Pre/Postnatal Education</b>	Classroom learning experience for the pregnant woman with the objective of improving knowledge of pregnancy, labor and childbirth, informed self care, and preventing development of conditions which might complicate pregnancy. Infant, feeding, or parenting classes may also be included.
<b>Health Maintenance Organizations (HMOs)</b>	Basic medical and dental covered services provided by health maintenance organizations.
<b>Home and Community-Base Waiver for Developmentally Delayed/Mentally Retarded (DD/MR)</b>	Services provided within the community to a limited number of individuals who meet criteria established for Intermediate Care Facilities for the Mentally Retarded (ICF/MR) services. The State may provide waiver services, including residential treatment, day training, respite care, family support, and case management.
<b>Home Health Services/Hospice</b>	A program of intermittent and part-time nursing care provided in the patient's place of residence as an alternative to premature or inappropriate institutionalization.
<b>Inpatient Hospital</b>	A required service that provides medically necessary and appropriate diagnostic and therapeutic services for the care and treatment of injured, disabled, or sick people who must remain in the hospital for more than 24 hours.
<b>Inpatient Hospital Mental-Mental Youth and Aged</b>	Mentally ill, youth and aged clients in an inpatient hospital setting, requiring constant care.
<b>Intermediate Care Facilities</b>	Intermediate care facilities offer care to chronically ill patients.
<b>Intermediate Care Facilities for the Mentally Retarded (ICF/MR)</b>	Intermediate care facilities cater to clients with cognitive disabilities who require less care than an inpatient hospital patient.
<b>ICF/MR Day Treatment</b>	Day treatment is provided to intermediate care and mentally retarded individuals.

<b>Kidney Dialysis</b>	Kidney Dialysis is a program for people who have irreversible and permanent end-stage renal disease and require a regular course of dialysis.
<b>Lab and Radiology</b>	Laboratory and radiological services are provided for the client.
<b>Medicaid Waiver</b>	A program that authorizes that certain federal regulations be by passed and implements a program outside of current regulations. The waiver program must be approved by CMS for the state to be eligible for federal matching funds.
<b>Medical Supplies</b>	Medical supplies necessary for treatment are provided to individuals who require them.
<b>Medical Transportation</b>	Transportation is provided to and from medical appointments and treatment when needed.
<b>Medicare Part D</b>	<p>A new Medicare benefit adding pharmaceutical coverage for those who are covered by Part A or Part B. It is voluntary, one is not required to sign up. There are premiums, annual deductibles and co-payments and drugs are supplied through local pharmacies who are providers for Medicare contracted Prescription Drug Program (PDP) providers.</p> <p>Beginning January 1, 2006, Medicare dual eligibles will not receive a pharmacy benefit through Medicaid, but must (and will be automatically enrolled) enroll in Medicare Part D to receive a drug benefit. They automatically receive a low income subsidy benefit which waves the premiums, deductibles and limits the copay to \$1 generic and \$3 brand name.</p>
<b>Mental Health Services</b>	These include the continuum of mental health services provided by the 11 community mental health centers, including the three prepaid mental health clinics. The county mental health authorities provide the state match for these services.
<b>Nutritional Assessment/ Counseling</b>	Service provided by a dietician for pregnant women with complex nutritional, medical, or social risk factors identified in early prenatal visits and referred for intensive nutritional education, counseling, and monitoring for compliance and improvement.
<b>Occupational Therapy</b>	Occupational therapy is provided to needy individuals to assist them in returning to the work force.
<b>Optical Supplies</b>	Services which include lenses, frames, and other aids to vision prescribed by a physician skilled in diseases of the eye or an optometrist to the extent permitted under state law.
<b>Outpatient Hospital</b>	A required service that provides medically necessary diagnostic and therapeutic services ordered by a physician or other practitioner of the

healing arts. These services must be appropriate for the adequate diagnosis and treatment of the patient's illness.

**Part D Medicare**

A new Medicare benefit adding pharmaceutical coverage for those who are covered by Part A or Part B. It is voluntary, one is not required to sign up. There are premiums, annual deductibles and co-payments and drugs are supplied through local pharmacies who are providers for Medicare contracted Prescription Drug Program (PDP) providers.

Beginning January 1, 2006, Medicaid dual eligibles will not receive a pharmacy benefit through Medicaid, but must (and will be automatically enrolled) enroll in Medicare Part D to receive a drug benefit. They automatically receive a low income subsidy benefit which waves the premiums, deductibles and limits the copay to \$1 generic and \$3 brand name.

**Pediatric/Family  
Nurse Practitioner**

Registered nurses with specialty training and certification, licensed within the State to provide general and preventive services within a specific specialty as authorized by licensure within the State. See specialized nursing above. (Coverage of these practitioners is mandated.)

**PERINATAL CARE  
COORDINATION**

Targeted case management for pregnant women. Services are provided to a woman with a medically verifiable pregnancy who is a Medicaid client or who meets the financial requirement for presumptive eligibility to receive ambulatory prenatal care services. The purpose is to coordinate care and services to meet individual needs and maximize access to necessary medical, social, nutritional, educational, and other services for the pregnant woman throughout pregnancy and up to the end on the month in which the 60 days following pregnancy ends.

**Personal Care  
Services**

The personal care services program enables recipients to maintain a maximal functional level in their place of residence through providing minimal assistance with the activities of daily living.

**Pharmacy**

Drugs prescribed by their respective physicians are provided to individuals which are required for treatment.

**Physical Therapy**

Services prescribed by a physician and provided by a physical therapist.

**Physical Services**

"Physician services", whether furnished in the office, the recipient's home, a hospital, a skilled nursing facility, or elsewhere, means services furnished by a physician, (1) within the scope of practice of medicine or osteopathy as defined by state law and (2) by or under the personal supervision of an individual licensed under state law to practice medicine or osteopathy.

<b>Podiatry Services</b>	Services provided by a podiatrist who is licensed under state law to render medical or remedial care for the foot and associated structures.
<b>Pre/Postnatal Home Visits</b>	Home visits are part of the management plan for a pregnant woman. The visits are for the purpose of assessing the home environment and implications for management of care, to provide emotional support, determine educational needs, provide direct care and encourage regular visits for prenatal care.
<b>Pre/Postnatal Psychosocial Counseling</b>	Evaluation to identify families with high psychological and social risks and follow up to develop a plan of care to provide or coordinate appropriate intervention, counseling, or referral necessary to meet the identified needs of families.
<b>Private Duty Nursing</b>	Nursing service provided in a client's home for up to 24 hours per day as an alternative to prolonged hospitalization or institutionalization of technology dependent individuals. This option, when compared to other alternatives, must provide quality and cost effectiveness over the long term, and requires participation of family members in the care during hours when nurses are not present.
<b>Psychologist Services</b>	Licensed psychologists may provide evaluation and testing to individuals with a diagnosis of delayed development (DD) or mental retardation (MR), early periodic screening diagnosis and treatment (EPSDT)-eligible Medicaid recipients and to victims of sexual abuse. They may provide individual, group, and family therapy to those eligibles. The Department of Human Services provides the state match for services provided to the Division of Family Services (DFS) and the Division of Services to People with Disabilities (DSPD) clientele. Psychological evaluation and testing for Medicaid clients who exhibit mental retardation, developmental disabilities or are victims of sexual abuse and are eligible for EPSDT.
<b>Rural Health Services</b>	Health services are provided to individuals who live in rural areas.
<b>Skilled Nursing Facilities</b>	Skilled Nursing Facilities offer skilled nursing care to chronically ill patients.
<b>Skills Development</b>	Medically necessary services to improve and enhance the health and functional abilities of the children ages 2 to 22 and prevent further deterioration. Services include individual or group therapeutic intervention to ameliorate motor impairment, sensory loss, communication deficits, or psycho-social impairments and skills training to the family to enable them to enhance the health and development of the child. Services are identified in the child's I.E.P.

	and provided by or under the supervision of specified licensed practitioners.
<b>Specialized Nursing Service</b>	<p>The following specific practitioners are covered as Medicaid providers. Services of nurses practicing within a specialty area to the extent of licensure within the state. Four groups currently have provider status:</p> <ol style="list-style-type: none"> <li>1. Certified Registered Nurse Anesthetists (CRNA)</li> <li>2. Certified Registered Nurse Midwives (CNM)</li> <li>3. Certified Family Nurse Practitioners (CFNP)</li> <li>4. Certified Pediatric Nurse Practitioners (CPNP)</li> </ol>
<b>Specialized Wheel Chairs</b>	Special wheel chairs are provided to needy individuals.
<b>Speech and Hearing</b>	Diagnostic, screening, preventive, or corrective services provided by a speech pathologist or audiologist for which a patient has been referred by a physician.
<b>Substance Abuse</b>	Treatment is given to clients for alcohol and drug abuse and misuse.
<b>Targeted Case Management</b>	Targeted case management services designed to assist an individual in a targeted group to gain access to needed medical, social, educational, and other services. In Utah, there are several targeted groups which assist individuals in the groups in planning, coordinating, and accessing needed services.
<b>Targeted Case Management for AIDS</b>	A set of planning, coordination, and monitoring activities that assist recipients in their target group to access services.
<b>Vision Care Services</b>	Diagnostic, screening, preventive, or corrective services provided by a physician skilled in disease of the eye or an optometrist to the extent permitted under state law.
<b>Waiver</b>	A program that authorizes that certain federal regulations be by passed and implements a program outside of current regulations. The waiver program must be approved by CMS for the state to be eligible for federal matching funds. Example: The PCN and Non-Traditional Medicaid programs operate under a waiver.